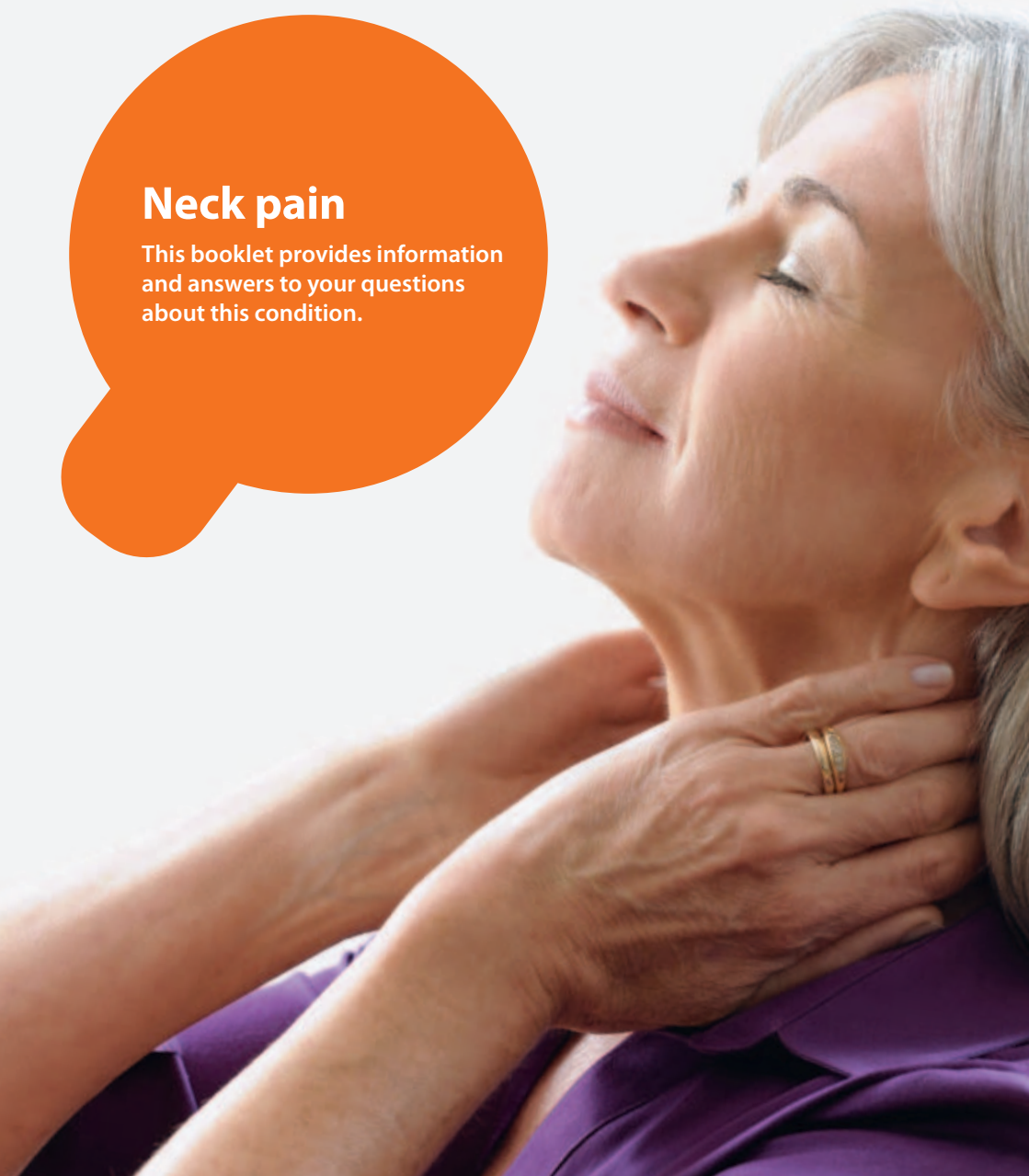
Arthritis Research UK

Condition
Neck pain

Neck pain

This booklet provides information and answers to your questions about this condition.



What is neck pain?

Neck pain is a very common problem but it's not usually a sign of arthritis or any other underlying medical condition. In this booklet we'll explain what causes neck pain and how it can be treated. We'll also look at what you can do to help yourself and suggest where you can find out more.

At the back of this booklet you'll find a brief glossary of medical words - we've underlined these when they're first used in the booklet.

What's inside?

Should I see a doctor?

Most neck pain clears up within a few days – either by itself or with simple self-help treatments. But if the pain doesn't go away, or if you have pain, tingling, numbness or weakness in your arm, then you should see your doctor to find out whether you have a more complex problem.

At a glance
Neck pain

In most cases neck pain will improve either by itself or with simple self-help treatments.

What are the symptoms of neck problems?

Neck problems could include the following symptoms:

- pain and stiffness
- numbness or tingling
- clicking or grating noises
- dizziness or blackouts
- muscle spasms.

What causes neck pain?

Neck pain is often caused by a simple muscle strain or tension. Other causes include whiplash injuries or changes in the bones or joints of the spine.

When should I see a doctor?

You should see a doctor if:

- the pain doesn't improve within a few days
- you have pain, tingling, numbness or weakness in your arms
- you suddenly develop stiffness in the neck along with stiffness in both shoulders.

How are neck problems diagnosed?

Your doctor will usually examine your neck and may sometimes request x-rays or blood tests. More rarely, your doctor may suggest a magnetic resonance imaging (MRI) scan.

What treatments are there?

There are many treatment options, including:

- painkillers (e.g. paracetamol)
- massage
- exercises
- physical therapies (e.g. physiotherapy, chiropractic)
- injections
- surgery (very rarely needed).

Introduction to neck pain

Most neck pain is caused by a simple muscular strain and clears up within a few days. Often, you can treat these spells of neck pain yourself with over-the-counter painkillers and a few days' rest, and you may not need to see your doctor. It's important not to rest for too long as lack of movement causes the muscles to weaken, increasing the likelihood of further strain. Simple exercises can help to reduce the risk of future problems (see the section 'Exercises').

Sometimes neck pain can be more persistent, or you may have other symptoms besides pain and stiffness. In this case it's best to seek medical advice. Your doctor may suggest an x-ray or other tests to check for the cause of your neck pain and, depending on the problem, may recommend treatments such as physiotherapy or an injection of a long-acting local anaesthetic or steroid preparation.

How is the neck structured?

The neck and back are made up of a column of bones (vertebrae), stacked one on top of the other (the spinal column).

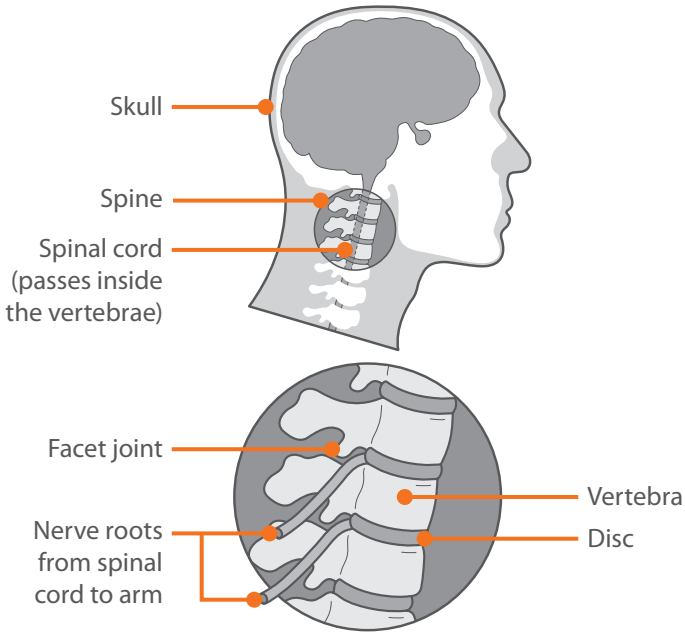


Figure 1 Structure of the head and neck

Cross-section of the head and neck with part of the spine shown magnified

The bones help to support the head and protect the spinal cord – the main nerve which links nerves throughout the body to the brain (see Figure 1). The top seven bones in this column (the cervical vertebrae) form the neck. The bones are linked together by facet joints which, together with the neck muscles, allow you to move your head in any direction.

Between the bones are discs of gristle (cartilage) known as intervertebral discs. At the level of each disc, nerve roots branch out from the spinal cord, passing through an opening in the side of the spine. The nerve roots in the neck join to form the nerve trunks that run into the arms. Impulses travel along these nerves, sending sensations such as touch and pain to the brain and messages from the brain to the muscles.

Four arteries carry blood from the heart to the brain. Two of these run inside the bones of the spine and supply the part of the brain that controls your balance (the cerebellum). All four arteries connect to the brain so that the circulation can still be maintained if one or two of the arteries are narrowed or blocked.

What are the symptoms of neck problems?

Almost everyone will have neck pain at some stage in their life. However, neck problems are usually short-lived, lasting just a few days or a week or so at a time, and won't cause any long-term damage.

Pain and stiffness are the most common symptoms of neck problems and usually occur together.

Pain and stiffness

You may feel pain in the middle of your neck or on one side or the other. The pain may travel to the shoulder and shoulder blade, or to the upper chest. In tension headaches the pain often travels to the back of the head and sometimes behind the eye, to the side of the head or even into the ear. You may find it painful to move and your muscles may feel tight. Stiffness is often worse after a period of rest or sitting in one position for a long time. You may notice that your neck won't twist as far as it normally does, for example when you turn your head while reversing the car.

If your neck stiffness came on quickly and is accompanied by stiffness in both shoulders, this can be a sign of a condition called polymyalgia rheumatica. You should see your doctor as soon as possible as this requires prompt treatment.

See Arthritis Research UK booklet *Polymyalgia rheumatica (PMR).*

Numbness or tingling

If a nerve root is pinched then you may have numbness or tingling that can be felt down the arm to the fingers.

Clicking and grating noises

You may hear or feel clicking or grating (crepitus) as you move your head. This is caused by roughened bony surfaces moving against each other or by ligaments rubbing against bone. The noises are often loudest at the top of the neck and may be more noticeable at night. This is a common symptom and can be upsetting but it's not serious.

Dizziness and blackouts

If you feel dizzy when looking up or turning your head, this may be due to pinching of the vertebral arteries. This can sometimes happen as a result of changes in the vertebrae. Pinching of the vertebral arteries can occasionally cause blackouts as the blood flow is reduced. This kind of dizziness can have other causes – for example, problems in your ear – so it's best to seek medical advice if the problem persists.

Muscle spasms

Sometimes if you have neck pain you may also have muscle spasms that turn the head to one side. This is called torticollis, cervical dystonia or acute wry neck. It's not very common but is an unpleasant complication of neck pain. It usually lasts only a few hours or days, although rarely it may continue for several weeks.

Other symptoms

If you have long-lasting neck pain and stiffness, particularly if your sleep is disturbed, then you may feel excessively tired and, not surprisingly, you may start to feel rather down. Talking about your pain with friends, family or your doctor may help.

What causes neck pain?

Non-specific neck pain

Many people develop a stiff and painful neck for no obvious reason. It may happen after sitting in a draught or after a minor twisting injury, for example while gardening. This is referred to as non-specific neck pain. The cause of this type of neck pain isn't fully understood. However, it's thought to be due to spasm in the muscles supporting the neck. This doesn't mean that your neck is damaged. This is the most common type of neck pain and usually disappears after a few days.

Cervical spondylosis

Spondylosis occurs due to everyday use over many years where the discs and the facet joints become worn. This is quite normal as we get older. The discs between the vertebrae become thinner and the spaces between the bones become narrower (see Figure 2).

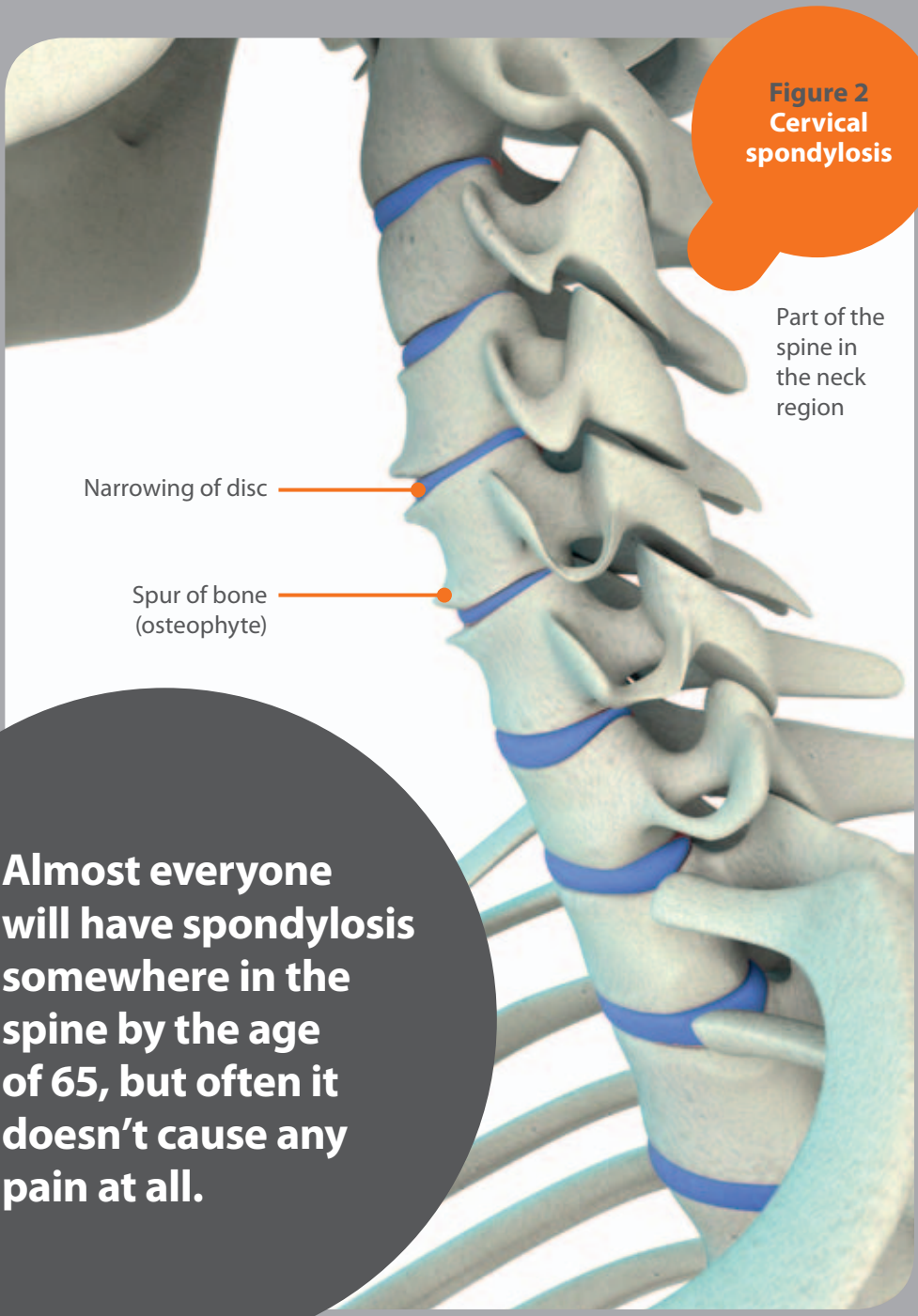


Figure 2 Cervical spondylosis

Almost everyone will have spondylosis somewhere in the spine by the age of 65, but often it doesn't cause any pain at all.

Spurs of bone, known as osteophytes, form at the edges of the vertebrae and the facet joints. These changes can be seen in x-rays. They are very similar to the changes that occur in osteoarthritis, but in the neck they are known as cervical spondylosis. (These changes may also occur at the bottom of the spine, where they're known as lumbar spondylosis).

Although spondylosis doesn't always cause pain, it may increase the risk of having spells of neck pain. However, because neck pain tends to come and go, it's not usually possible to identify spondylosis as a direct cause of the pain.

Spondylosis shouldn't be confused with ankylosing spondylitis, where inflammation in the spine can cause the bones to fuse together.

When spondylosis does cause problems, they may come either from the linings of worn joints or from stretched ligaments:

- Occasionally, the nerve roots may be pinched, either by bulging discs or osteophytes, causing pain or numbness.
- If the vertebral artery is pinched, the blood supply to the brain can be affected, causing dizziness or blackouts.
- Sometimes an extra rib (cervical rib) can cause partial blockage of the blood supply to the arms, resulting in pain and numbness in the hands.
- Very rarely, in severe spondylosis, the spinal cord is squeezed, which can cause weakness and numbness in the arms and legs.

Whiplash

Whiplash injuries are usually caused by impact trauma and are most often seen as a result of car accidents. Whiplash is caused by the body being carried forward, causing the head to flip back. Then, as the body stops, the head is thrown forwards. There's often a delay before you feel any pain or stiffness from whiplash. It's thought that the pain is caused by stretching of the ligaments and the capsule around the facet joints, along with muscle spasm as the body tries to splint the injury.

Although whiplash can badly strain your neck, most of these injuries improve within a few weeks or months. Seat belts and properly adjusted headrests in cars greatly reduce the damage from whiplash injuries. Gentle exercises to keep the neck mobile will help to prevent longer term problems and get you back to normal as soon as possible.

Tension

Most muscles of the body relax completely when they're not being used, but some muscles (known as anti-gravity muscles) have to work all the time in order to keep your body upright. Muscles at the back of your neck must always be tensed, otherwise your head would fall forwards when you're sitting or standing. When we're worried or stressed we often tighten these muscles even more, which can cause neck pain and tension headaches. Tension headaches are very common and are often wrongly called migraines.

How are neck problems diagnosed?

Most neck problems can be diagnosed and treated after a simple examination, and it's unlikely that any special tests will be needed. Very occasionally your GP may ask for an x-ray to rule out other important causes of neck pain, such as ankylosing spondylitis or an infection.

If your pain is very bad, it spreads into your arm or you have dizzy spells, your GP may send you to see a specialist. This may be a rheumatologist, orthopaedic surgeon or neurosurgeon, depending on the problem. Further tests may be needed, such as x-rays, blood tests or MRI scans. An MRI scan will only be done if your doctor suspects that a nerve is being pinched in the neck and if further treatment, such as an injection or surgery, may be needed.

Gentle exercises to keep the neck mobile will help prevent longer term problems.

Why does neck pain become persistent?

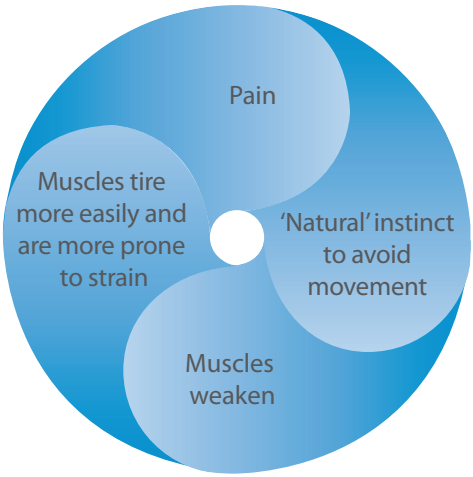
In some cases, persistent neck pain may have a specific cause, such as a damaged facet joint or disc. However, quite often neck pain continues even after the original problem has settled down.

When you're in pain your instinct may be to avoid normal activities and movement. If the initial spell of neck pain lasts a while, lack of movement can cause the neck muscles to become weak. The muscles will then tire more easily and will be more vulnerable to further strain (see Figure 3).

You may also lose confidence in your ability to resume your normal activities. This may affect your work, social life and personal relationships. You may feel anxious or depressed, particularly if family members and medical professionals appear unhelpful or unsympathetic. If you're anxious or depressed, you may not feel like exercising, so your muscles become weaker still, and so it goes on.

A few days' rest can be helpful but prolonged rest isn't recommended as lack of activity can weaken the neck muscles.

Figure 3 The pain cycle



This can happen to anyone, and the longer it continues the harder it'll be for you to recover your movement and confidence. The sections that follow explain what can be done to prevent or break this pain cycle.

What treatments are there for neck pain?

Simple self-help treatments and a few days' rest are often enough to clear up a spell of neck pain. However, if you do have a more complex or more persistent neck problem, your doctor will be able to recommend other treatments and therapies that should help.

Painkillers

Simple painkillers such as paracetamol will often help. It's best to take them before the pain becomes very bad but

you shouldn't take them more often than every 4 hours. Non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, available at chemists, can also help. You can use these for a short course of treatment of about a week or 10 days. If they've not helped after this time then they're unlikely to. However, if they do help but the pain returns when you stop taking the tablets you could try another short course. As an alternative to tablets, you can rub anti-inflammatory gels or creams onto tender areas.

Like all drugs, NSAIDs can sometimes have side-effects, but your doctor will take precautions to reduce the risk of these – for example, by prescribing the lowest effective dose for the shortest possible period of time.

NSAIDs can cause digestive problems (stomach upsets, indigestion or damage to the lining of the stomach) so in most cases NSAIDs will be prescribed along with a drug called a proton pump inhibitor (PPI), which will help to protect the stomach.

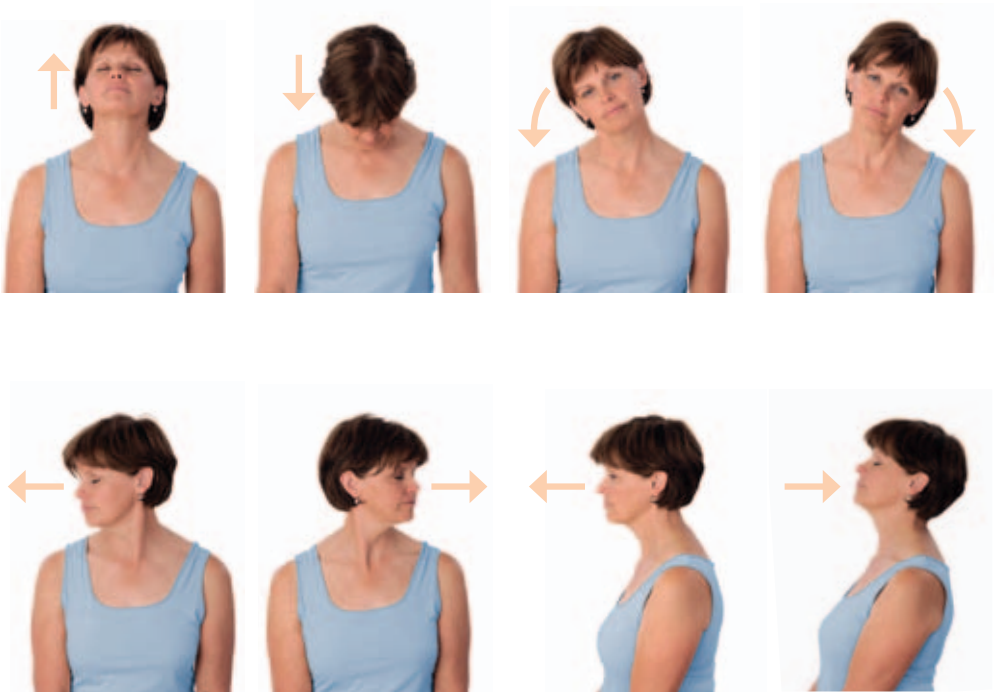
NSAIDs also carry an increased risk of heart attack or stroke. Although the increased risk is small, your doctor will be cautious about prescribing NSAIDs if there are other factors that may increase your overall risk – for example, smoking, circulation problems, high blood pressure, high cholesterol or diabetes.

See Arthritis Research UK drug leaflet *Non-steroidal anti-inflammatory drugs.*

Massage

Gentle massage of the neck muscles, particularly with aromatic oils, often helps. Please note, however, that some oils can be poisonous (toxic) in large quantities and can be harmful during pregnancy or with conditions such as epilepsy. Rubbing the area with liniments can also help – these produce a feeling of warmth and reduce pain. Some liniments available over the counter contain capsaicin (an extract of the capsicum, or pepper, plant), and a similar but stronger preparation is available on prescription.

Figure 4 **Stretching and strengthening exercises for the neck**



Exercises

To prevent weakening of the neck muscles we recommend that you don't rest for more than a few days. Start some gentle exercise as soon as the pain begins to ease. Simple exercises can help to restore your range of movement, promote strength, ease localised stiffness and help get your neck back to normal.

Figure 4 shows some simple stretching and strengthening exercises. Gently tense your neck muscles for a few seconds in each position. If you do this every day, the neck movements will increase your muscle strength. Start by exercising very gently and gradually build up. As with any physical activity, you'll need to use some common sense in performing these exercises. While some aches or discomfort during or following exercise are normal and should be expected, if an exercise makes your symptoms significantly worse it should be stopped.

Relaxation

Stress can make neck pain worse. One way of reducing the effects of stress is to learn how to relax the neck muscles. Relaxation and exercises are not mutually exclusive – they complement each other. You can sometimes get audiotapes to help with relaxation from your doctor or a physiotherapist. They can also be bought from the Pain Relief Foundation.

Posture

Pain and stiffness can be caused by a number of factors:

- poor standing posture
- a bed that's too soft
- the wrong thickness of pillow
- poor posture at work (see Figure 5).

If you sit at a desk that's too low, so that your head is bent forward for long periods, then the neck may be stretched and you may develop muscle pain. Check your desk height and chair design at work and in the home – this is important to prevent problems. When you're sitting, your hips and knees should be at right angles and you should have good support for your lower back. Hardback, upright chairs or straight-backed rocking chairs are better for your posture than low, soft, upholstered chairs or sofas. Back supports to lean against can help your posture when sitting at home, at work or in the car.

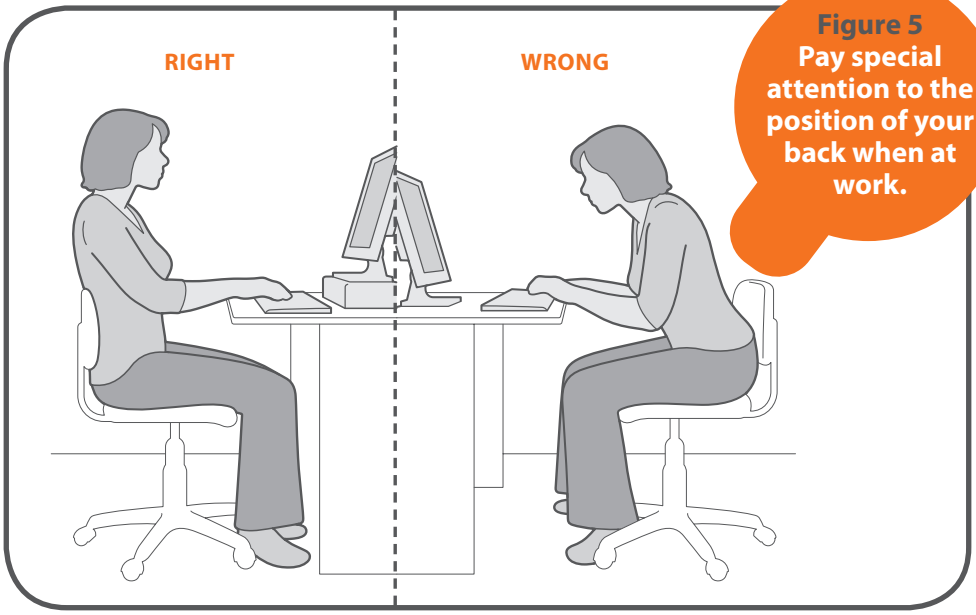


Figure 5
Pay special attention to the position of your back when at work.

If you do a lot of reading, having the book or papers on a reading frame will often help to correct your posture. Similarly, if you work at a computer screen it's important to have the screen, desk and chair set at the correct heights. Many employers have occupational health specialists who can check that workstations are set up according to individual needs.

Sleep

Having a pillow that's too firm or a mattress that doesn't give adequate support to the back can make neck pain worse. If your mattress is old or uncomfortable you should probably consider replacing it. Changing the number or position of pillows or choosing a soft or moulded pillow may be helpful. Some people find it useful to sleep in a narrow soft foam collar.

If night-time pain is making it difficult for you to go sleep, you can take a painkiller such as paracetamol before you go to bed. It's unlikely to last through the night but should ease pain for long enough for you to go to sleep. Talk to your doctor if you're having problems getting a good night's sleep.

See Arthritis Research UK booklet *Sleep and arthritis*.

Physical treatments

Physiotherapists, chiropractors and osteopaths are all trained to treat neck problems. Treatment carried out by one of these therapists, along with home exercises, are often all that's needed. Sometimes manipulation can be uncomfortable at the time, so it's important to understand what's involved. Make sure you talk to your therapist about the treatments before they start. Your therapist should ask you about osteoporosis, as some treatments aren't suitable for people with this condition. Recent research suggests that manipulation usually only works in the first 3 months.

The Alexander Technique is a method of teaching bodily awareness and reducing unwanted muscle tension. A qualified teacher will advise you on your standing and sitting posture and your patterns of movement. Many physiotherapists are trained in this technique but it's not always available on the NHS.

Therapists may offer other treatments such as acupuncture or TENS (transcutaneous electrical nerve stimulation), which can be helpful for controlling pain. With acupuncture, very fine needles are inserted, virtually painlessly, at a number of sites on the skin (called meridians) but not necessarily at the painful area. The pain is relieved by interfering with the signals to the brain and by causing the release of natural painkillers (called endorphins). With TENS, small pads are placed over the painful area and low-voltage electrical stimulation produces a pleasant tingling sensation, which also relieves pain by interfering with pain signals to the brain. TENS machines can also be purchased from pharmacies.

There's no evidence that reflexology helps with neck pain.

Injections

In some cases, especially where pain radiates to the back of the head or the arm, an injection may help. The injection may be a long-acting local anaesthetic and/or a steroid preparation, and may be given into the small facet joints of the neck or sometimes into the narrow spaces where the nerves emerge from the spine. These injections are usually performed in an x-ray department so that the specialist can position the needle precisely.

See Arthritis Research UK drug leaflet *Local steroid injections.*

Collars

Some people find a special collar helpful if a pinched nerve is causing pain that radiates down the arm. However, it's best not to wear them for long periods of time, and there's no evidence that they help with the causes of either short-term or long-term neck pain.

Surgery

Surgery is only rarely needed. It may be helpful if a nerve or the spinal cord is being squeezed and is causing weakness or severe pain that won't

go away. The surgeon will ask for a scan to look at the nerves and bones before discussing the pros and cons of surgery with you and whether to go ahead with an operation.

What other help is available?

If your neck pain lasts for many months, a pain management programme may help you to control and live with your pain. Pain management programmes are generally outpatient group sessions run by a team of health professionals, often led by a physiotherapist. These programmes include education, exercise, coping strategies and the use of medication.

Your doctor may be able to refer you if they think you would benefit from a pain management programme.

Research and new developments

Research has already brought advances in our understanding of the composition and biochemistry of the intervertebral discs and has also shown that inherited (genetic) factors affect the normal wear of the spine.

Discoveries about the effect of stress and workplace conditions and the importance of exercises are changing the way doctors think about neck pain. Imaging techniques such as MRI can now be used to guide treatment, such as injections into the facet joints.

Glossary

Alexander Technique – a method of teaching bodily awareness and reducing unwanted muscle tension. Lessons are given by qualified teachers who will assess and advise on your standing and seating posture and your patterns of movement.

Ankylosing spondylitis – an inflammatory arthritis affecting mainly the joints in the back, which can lead to stiffening of the spine. It can be associated with inflammation in tendons and ligaments.

Cartilage – a layer of tough, slippery tissue that covers the ends of the bones in a joint. It acts as a shock-absorber and allows smooth movement between bones.

Chiropractor – a specialist who treats mechanical disorders of the musculoskeletal system, often through spine manipulation or adjustment. The General Chiropractic Council regulates the practice of chiropractic in the UK.

Facet joints – the small joints between the vertebrae that allow the spinal column to move. The facet joints are at the back of the spine.

Intervertebral disc – a circle of tough, fibrous cartilage with a jelly-like centre found between the bones of the spine. These discs give the spine its flexibility. A slipped disc occurs when the central jelly of the disc bulges (prolapses) through the outer fibrous ring. It can then press on a nerve and cause pain.

Ligaments – tough, fibrous bands anchoring the bones on either side of a joint and holding the joint together. In the spine they're attached to the vertebrae and restrict spinal movements, therefore giving stability to the back.

Magnetic resonance imaging (MRI) – a type of scan that uses high-frequency radio waves in a strong magnetic field to build up pictures of the inside of the body. It works by detecting water molecules in the body's tissue that give out a characteristic signal in the magnetic field. An MRI scan can show up soft-tissue structures as well as bones.

Manipulation – a type of manual therapy used to adjust parts of the body, joints and muscles to treat stiffness and deformity. It's commonly used in physiotherapy, chiropractic, osteopathy and orthopaedics.

Non-steroidal anti-inflammatory drugs (NSAIDs) – a large family of drugs prescribed for different kinds of arthritis that reduce inflammation and control pain, swelling and stiffness. Common examples include ibuprofen, naproxen and diclofenac.

Osteoarthritis – the most common form of arthritis (mainly affecting the joints in the fingers, knees, hips), causing cartilage thinning and bony overgrowths (osteophytes) and resulting in pain, swelling and stiffness.

Osteopath – a specialist who treats spinal and other joint problems by manipulating the muscles and joints in order to reduce tension and stiffness, and so helps the

spine to move more freely. The General Osteopathic Council regulates the practice of osteopathy in the UK.

Osteophyte – an overgrowth of new bone around the edges of osteoarthritic joints. Spurs of new bone can alter the shape of the joint and may press on nearby nerves.

Physiotherapist – a therapist who helps to keep your joints and muscles moving, helps ease pain and keeps you mobile.

Polymyalgia rheumatica (PMR) – a rheumatic condition in which you have many (*poly*) painful muscles (*myalgia*). It's characterised by pain and stiffness of the muscles of the neck, hips, shoulders and thighs, which is usually worse in the mornings.

Reflexology – a type of complementary therapy based on the principle that reflex points on the feet and hands correspond with every part of the body. The practitioner stimulates pressure points on the hands and feet through firm massage in order to treat disorders affecting other parts of the body.

Spondylosis – the term used to describe mechanical or degenerative changes in the small joints in the neck and back. Most of us will have some degeneration in these joints, which can be seen on x-rays, although often these changes don't cause any problems or symptoms.

Steroids – drugs that have a very powerful effect on inflammation. They're also known as corticosteroids and are similar to cortisone, which is produced naturally in the adrenal glands. They're quite different from the anabolic steroids sometimes used by athletes to build up their bodies. Steroids can be taken as tablets or as injections – either into the joint itself or into the tissues around the joint.

Where can I find out more?

If you've found this information useful you might be interested in these other titles from our range:

Conditions

- *Back pain*
- *Polymyalgia rheumatica (PMR)*
- *Shoulder pain*

Self-help and daily living

- *Keep moving*
- *Sleep and arthritis*

Therapies

- *Physiotherapy and arthritis*

Drug leaflets

- *Local steroid injections*
- *Non-steroidal anti-inflammatory drugs*

You can download all of our booklets and leaflets from our website or order them by contacting:

Arthritis Research UK
PO Box 177
Chesterfield
Derbyshire S41 7TQ
Phone: 0300 790 0400
www.arthritisresearchuk.org

Related organisations

The following organisations may be able to provide additional advice and information:

Arthritis Care
18 Stephenson Way
London NW1 2HD
Phone: 020 7380 6500
Helpline: 0808 800 4050
www.arthritiscare.org.uk

British Acupuncture Council
63 Jeddo Road
London W12 9HQ
Phone: 020 8735 0400
www.acupuncture.org.uk

British Chiropractic Association
59 Castle Street, Reading
Berkshire RG1 7SN
Phone: 01722 415 027
Public enquiries: 0118 950 5950
www.chiropractic-uk.co.uk

British Medical Acupuncture Society
BMAS House
3 Winnington Court, Northwich
Cheshire CW8 1AQ
Phone: 01606 786782
www.medical-acupuncture.co.uk

Royal London Homoeopathic Hospital
60 Great Ormond Street
London WC1N 3HR
Phone: 0845 155 5000 or 020 3456 7890
www.rlhh.eu

Chartered Society of Physiotherapy
14 Bedford Row
London WC1R 4ED
Phone: 020 7306 6666
www.csp.org.uk

The Dystonia Society
1st Floor, 89 Albert Embankment
Vauxhall
London SE1 7TP
Phone: 0845 458 6211
www.dystonia.org.uk

General Chiropractic Council
44 Wicklow Street
London WC1X 9HL
Phone: 020 7713 5155
www.gcc-uk.org

General Osteopathic Council
176 Tower Bridge Road
London SE1 3LU
Phone: 020 7357 6655
www.osteopathy.org.uk

Institute for Complementary and Natural Medicine (ICNM)
Can-Mezzanine
32-36 Loman Street
London SE1 0EH
Phone: 0207 922 7980
www.i-c-m.org.uk

Pain Relief Foundation
Clinical Sciences Centre
University Hospital Aintree
Lower Lane
Liverpool L9 7AL
Phone: 0151 529 5820
www.painrelieffoundation.org.uk

Society of Teachers of the Alexander Technique
1st Floor, Linton House
39-51 Highgate Road
London NW5 1RS
Phone: 0207 482 5135
www.stat.org.uk

We're here to help

Arthritis Research UK is the charity leading the fight against arthritis.

We're the UK's fourth largest medical research charity and fund scientific and medical research into all types of arthritis and musculoskeletal conditions.

We're working to take the pain away for sufferers with all forms of arthritis and helping people to remain active. We'll do this by funding high-quality research, providing information and campaigning.

Everything we do is underpinned by research.

We publish over 60 information booklets which help people affected by arthritis to understand more about the condition, its treatment, therapies and how to help themselves.

We also produce a range of separate leaflets on many of the drugs used for arthritis and related conditions. We recommend that you read the relevant leaflet for more detailed information about your medication.

Please also let us know if you'd like to receive our quarterly magazine, Arthritis Today, which keeps you up to date with current research and education news, highlighting key projects that we're funding and giving insight into the latest treatment and self-help available.

We often feature case studies and have regular columns for questions and answers, as well as readers' hints and tips for managing arthritis.

Tell us what you think of our booklet

Please send your views to:
feedback@arthritisresearchuk.org
or write to us at:
Arthritis Research UK, PO Box 177, Chesterfield, Derbyshire S41 7TQ.

A team of people contributed to this booklet. The original text was written by consultant rheumatologist Dr Paul Thompson who has expertise in the subject. It was assessed at draft stage by physiotherapist Maureen Motion. An **Arthritis Research UK** editor revised the text to make it easy to read, and a non-medical panel, including interested societies, checked it for understanding. An **Arthritis Research UK** medical advisor, Dr Ben Thompson, is responsible for the content overall.

Arthritis Research UK

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To get more **actively involved,** please call us **0300 790 0400** or e-mail us at enquiries@arthritisresearchuk.org

Or go to:
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Arthritis Research UK
Copeman House,
St Mary's Court,
St Mary's Gate, Chesterfield,
Derbyshire S41 7TD

Tel **0300 790 0400**
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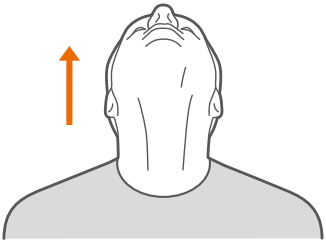
Exercises for neck pain

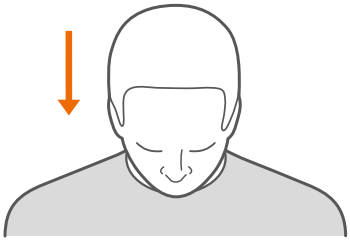
This handy tear-off section contains exercises that are designed to help ease neck pain and strengthen the structures that support your neck.

Stretching and strengthening exercises

1 Neck tilt (up and down)

Sit or stand, keeping a good posture. It's best to sit down if you have trouble balancing. Tilt your head backwards, stretching your neck muscles. Hold this for 5 seconds and then repeat 5 times. Tilt your head down to rest your chin on your chest. Gently tense your neck muscles and hold for 5 seconds.





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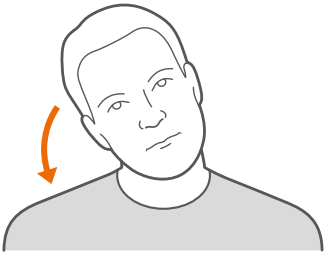
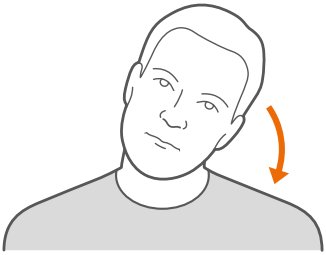




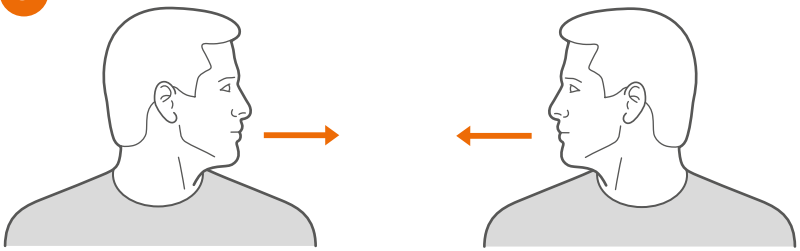
Neck tilt (side to side)

It's best to sit down for this exercise to help you balance. Tilt your head down towards your shoulder, leading with your ear. Gently tense your neck muscles and hold for 5 seconds.

Return your head to centre and repeat on the opposite side. Repeat 5 times on each side.

We recommend that you repeat these exercises twice a day.

3



Neck turn
It's best to sit down for this exercise to help you balance. Turn your head towards one side, keeping your chin at the same height. Gently tense your neck muscles and hold for 5 seconds. Return your head to the centre and repeat on the opposite side. Repeat 5 times on each side.

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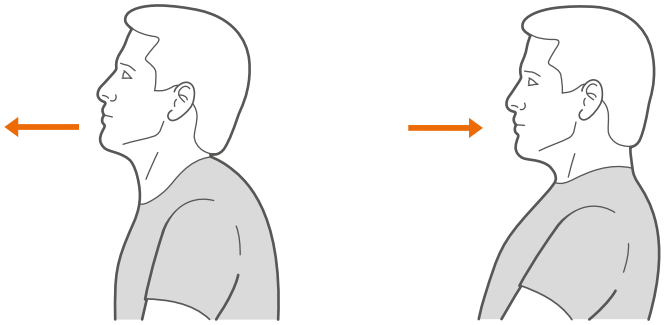

Neck stretch
Sit or stand with good posture. It's best to sit down if you have trouble balancing. Keeping the rest of the body straight, push your chin forward so your throat is stretched.

Gently tense your neck muscles and hold for 5 seconds. Return your head to the centre and push it backwards, keeping your chin up. Hold for 5 seconds. Repeat 5 times.

Seek medical advice if you feel dizzy doing any of these exercises.

Arthritis Research UK

Keeping active with neck pain

It's important to keep active because extended periods of rest can weaken muscles and make your neck pain worse. Exercising every day will strengthen your neck muscles and should help prevent future neck pain. If your pain increases when exercising, stop doing it and seek medical advice.

Remember to keep exercising regularly, even after your neck pain has cleared up!